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FOR PODIATRY

JUNE 2021

The Winter Issue

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Australian Podiatry Association

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IN THIS ISSUE

WANT TO SHAPE THE CONVERSATION IN STRIDE?

Contact STRIDE's editor to contribute, tell us what you would like to read about, or to share your knowledge on these topics: **siobhan.doran@podiatry.org.au**

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The Australian Podiatry Association would like to acknowledge the traditional owners of all the many Aboriginal and Torres Strait Islander Nations that make up the great continent of Australia. We would like to pay our respects to the Aboriginal and Torres Strait Islander elders past and present, also the young community members, as the next generation of representatives.

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LEADERSHIP UPDATE

From the CEO

The year is speeding up and our activities are increasing as the months unfold. Don't forget the Australian Podiatry Conference is getting closer and it's ready to kick off online in July, with details at **podiatry.eventsair.com/apodconf21/registration**. In other news, if you are considering renewing your membership before 31 July 2021, you can benefit from an additional $700 worth of extras, with more information at **podiatry.org.au/membership-info/membership**

This issue of STRIDE magazine is our fourth issue for the year and the year's first print version. Across 2021, STRIDE will continue to be published in print format each quarter, with digital formats every month outside of this. After reading this issue, I felt immensely proud of how diverse our membership offering is given it reflects the many pathways available within podiatry. And possibly best of all, these pathways will continue to evolve as we continue to advocate in the interest of patients and the profession.

Have a great month ahead.

Nello Marino

From the President

It is gratifying to read through this issue of STRIDE. In particular, I feel a great sense of validation around how far we have come as a profession. From technology to aged care and lifestyle interventions, podiatry has come such a long way. These issues of STRIDE serve to remind us of the progress being made while not distracting from the work still to be done.

Keep on doing the incredible work you do for your patients, particularly in these ever-changing times. Thank you for doing what you do, we are stronger together.

Enjoy this month's issue.

Katrina Richards

APODA UPDATES

Promoting podiatry as a career choice

We want you to be the first to know that we are working behind the scenes and in partnership with the Australasian Council of Podiatry Deans to promote podiatry as a career to school leavers, university students and mid-life career-changers.

Why? Because the stats tell us that university enrolment numbers are dropping with a risk to sustainability of the future podiatry workforce. Early research also shows that many people become podiatrists because of a positive personal experience as a patient themselves. While this is encouraging, it highlights that more can be done on a strategic level to showcase podiatry as an interesting and viable career pathway.

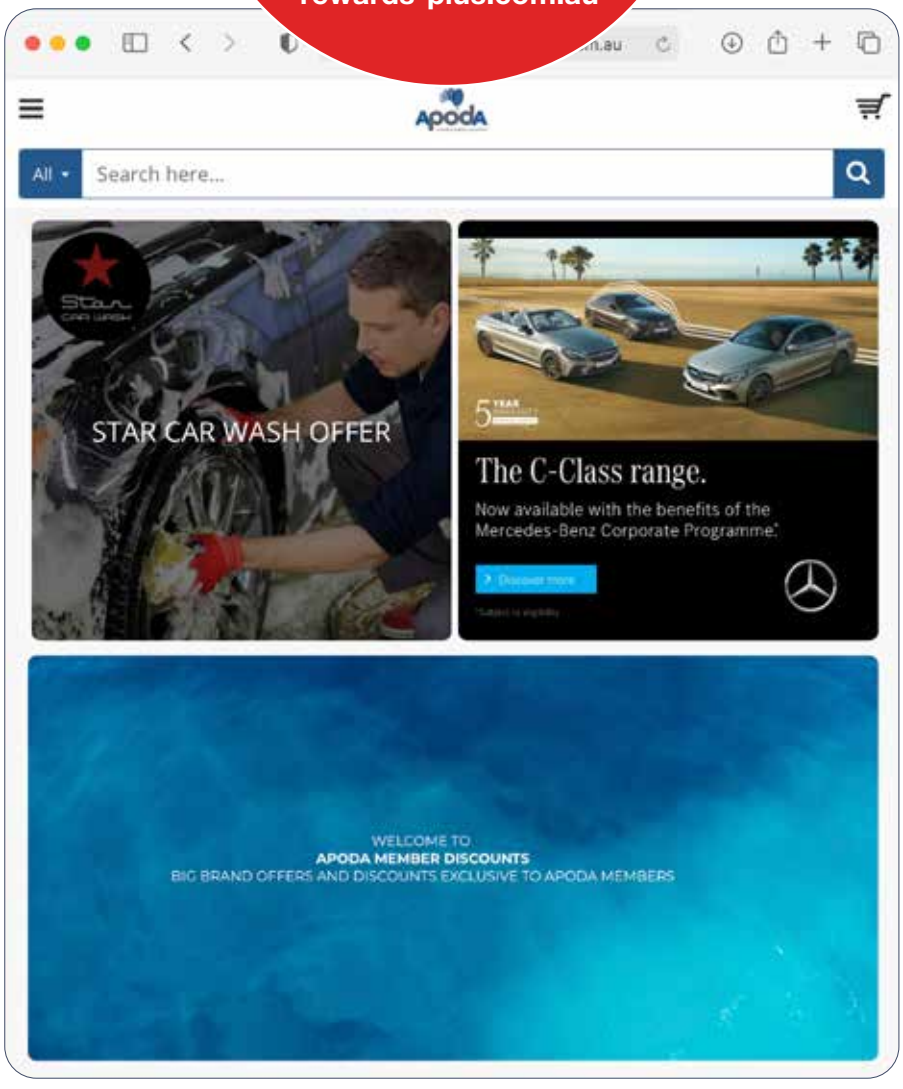
This isn't about undermining the roles already available to existing graduates and podiatrists. Instead, it's about highlighting podiatry as a meaningful career for would-be health professionals and advocating for the difference podiatry can make in a range of contexts. The more we can raise such awareness, the more we build capacity in the profession and raise our profile as allied health practitioners, ultimately supporting our profession's reach and scope.

We'll keep you posted as the campaign builds, and in the meantime keep an eye on our social media channels for further updates. ■

ARE YOU MAKING THE MOST OF YOUR MEMBER DISCOUNTS?

Here's a recap on just some of the discounts you can access through your membership.

Your membership entitles you to a range of discounts across cars, health, dining, toys, electronics, home and much more. In fact, the following deals are the most frequently searched in our member benefits portal which you can access via **podiatry.rewards-plus.com.au**



#1 The Good Guys are even better

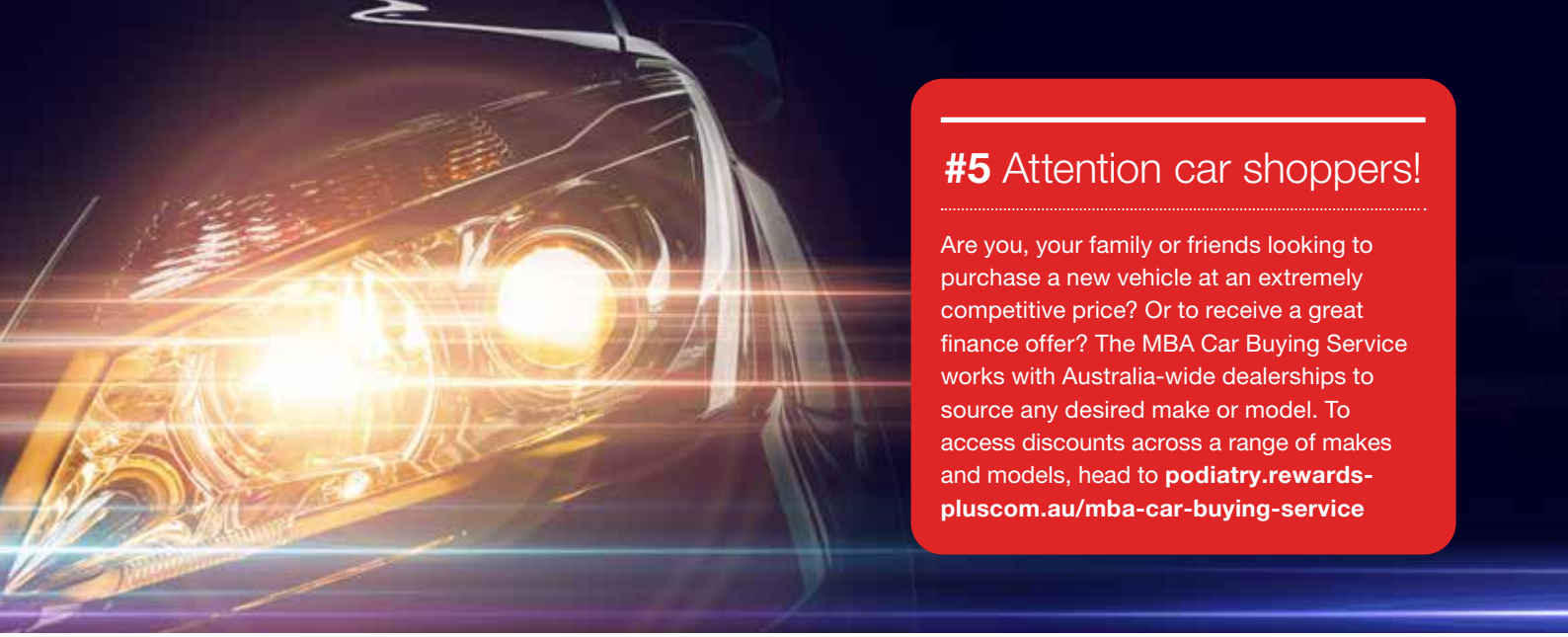
THE GOOD GUYS®

Are you after the latest white goods? Find great deals via the member benefits portal, where you can create an account to login to The Good Guys' commercial website. Then you can instantly see discounted prices online and available to you instantly as a member. Head to **podiatry.rewards-plus.com.au/the-good-guys-commercial-registration**

#2 Discounted pricing at JB Hi-Fi

JB HI-FI

Get access to discounts that are normally reserved for family and friends of JB Hi-Fi employees. If you're in the market for electronics, then just ask for discounted quotes via their customer service team or you can create your own account via their commercial website. To get started either way, head to **podiatry.rewards-plus.com.au/jb-hi-fi-commercial-registration**



#5 Attention car shoppers!

Are you, your family or friends looking to purchase a new vehicle at an extremely competitive price? Or to receive a great finance offer? The MBA Car Buying Service works with Australia-wide dealerships to source any desired make or model. To access discounts across a range of makes and models, head to **podiatry.rewards-pluscom.au/mba-car-buying-service**

#3 Year-round discounted car hire

Budget Australia

Budget provides a 10% discount on car hire to members who hire cars in Australia and New Zealand (and you can also accrue Qantas points while you're at it!) With no blackout dates, this deal is also available on the member benefits portal via **podiatry.org.au**

#4 After a BMW? How about a free Samsung deal?

BMW SAMSUNG

If you're in the market for a BMW, BMW Corporate is a great way to lower the cost of ownership and enjoy exclusive benefits with the purchase of a new BMW. And... if you purchase a new BMW before 30 June 2021 you can receive one of the following complimentary Samsung products of choice:

- **Samsung Galaxy S21 Ultra 256GB.**
- **Samsung 75 inch Q60 TV.**
- **Samsung 65 inch Frame TV.**

Head to **podiatry.rewards-plus.com.au/BMW-Corporate-Program** to get started.

APodA Australian Podiatry Association

Savings galore!

Check out the latest savings for members (available at the time of going to print)!

- **Early bird membership** pricing where you can save up to **$150** per year.
- **'New Professionals 3rd Year'** discounted pricing tier, which represents a saving up **$280** per year.
- **Insurance** offer with our partners BMS Risk Solutions so that you can benefit from the **same rates as 2020** – and check out these rates in our insurance article on page 6!
- Launch of the **Australian Paediatric Podiatry (APP)** special interest group, and to celebrate **we have waived the $55** membership fee for APodA members who join or renew before 31 July 2021.
- **Free e-course** access on sonography and podiatry. This is FREE registration for members who join or renew before 31 July 2021, which translates to a saving of **$495!**
- **Conference access** at lower prices saving **$400**, which is only available to APodA members.

To access your savings, head to **podiatry.org.au**

Want more?

To access hundreds of member benefits like these ones, head to the member discounts portal via our website **podiatry.org.au** (and have your member login details ready!)

■

INSURANCE MATTERS:

Did you know that you can add-on insurance cover the next time you renew your membership?

Ditch additional insurance forms (and dollars spent) and make the process quick and easy by adding the APodA PI & PL Insurance cover when you renew as a member.

The biggest piece of feedback that we receive is around how cost effective this insurance offer is, with Public Liability and Professional Indemnity insurance costing a maximum of $235 per year when you take this insurance option through the APodA. We are talking about great savings, competitive premiums, and broad cover. Find out at **podiatry.org.au** for yourself or take a sneak peek at the table here to see what costs are involved.

Insurance categories	Full year rate
Full Time (F/T)	$235
Part Time (P/T)	$205
Public Sector	$90
New Professional 1st Year	$90
New Professional 2nd Year F/T	$235
New Professional 2nd Year P/T	$205
New Professional 3rd Year F/T	$235
New Professional 3rd Year P/T	$205
Affiliate	N/A

WANT TO SAVE EVEN MORE?

Renew your Association membership before 31 July 2021 for early bird savings on our full time and part time membership fees. This saves you up to $150 straight away.

The APodA's National Member Manager, Natalie Policki, highlights the benefits of APodA's insurance cover for members who opt for this budget-friendly add-on.

"Our insurance partners, BMS Risk Solutions, offer competitive rates to APodA members by offering real savings without making any compromise to their cover. Let's say you are a full-time podiatrist with private cover ... for as little as $235 you can have peace of mind knowing your insurance is taken care of."

Natalie goes on to explain how first year professionals are also supported. ***"New professional first year members can start their podiatry career on the right foot with exactly the same policy for only $90 for the year. It's our way of helping out financially while new professional podiatrists establish themselves."***

WHAT EXACTLY DOES THE APODA PI & PL INSURANCE POLICY PROVIDE?

Through BMS Risk Solutions, you get:

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- Products Liability Insurance covers you for actual or alleged bodily injury or property damage to a third party arising through the use of a product sold, supplied, or manufactured by you
- Access to free legal counsel in the event a complaint is made against you or you receive a notification from your regulatory body
- No excess
- Unlimited retroactive cover for past activities, excluding known claims and circumstances, and;
- Unlimited run-off cover when you have a leave of absence or retire, provided run-off is declared.

To find out more visit
bmsgroup.com

For further information about our insurance program or discuss a claim, contact the team at BMS by phone on **1800 514 933** or email **podiatry@bmsgroup.com** ■

*Members who hold a specialist registration with AHPRA (podiatric surgeons) are not eligible for this insurance offer as their activities are excluded from cover. Podiatric surgeons can contact **BMS Risk Solutions** directly to discuss their individual cover needs on **1800 514 933**.*

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Be inspired...

Prof Hunter has over 500 peer reviewed publications in international journals, numerous book chapters, and he has co-authored a number of books.

Meet Professor David Hunter

Professor Hunter is a rheumatologist and epidemiologist. He completed his medical degree at the University of New South Wales, a fellowship in Rheumatology at the Royal Australian College of Physicians, earned a Masters of Medical Science (Clinical Epidemiology) from the University of Newcastle, a Masters of Sports Medicine from UNSW and a PhD from the University of Sydney. Prof Hunter completed his doctoral thesis looking at the genetics of osteoarthritis.

He is also:

- A member of the Australian College of Physicians, Australian Rheumatology Association, American College of Rheumatology, Orthopaedic Research Society and International Osteoarthritis Research Society
- A board member of the International Osteoarthritis Research Society
- A founding member of the Osteoarthritis Imaging Group
- An advisory editor for Arthritis Care and Research
- An associate editor for Osteoarthritis and Cartilage, and BMC Musculoskeletal Disorders.

When not doing all of the above, Prof Hunter has over 500 peer reviewed publications in international journals, numerous book chapters, and he has co-authored a number of books. Recently he completed his second book on self management strategies for the general public.

In Prof Hunter's current work he is investigating a number of key elements in osteoarthritis including (but not limited to) the epidemiology of osteoarthritis, the role of biomarkers in understanding OA etiopathogenesis and the role of knee braces and orthotics in disease management.

Interested in joining us at the Australian Podiatry Conference...

tient Experience

AUSTRALIAN PODIATRY CONFERENCE

3 – 17 JULY 2021

Spotlight on: Professor David Hunter

Professor Hunter's upcoming presentation on **Saturday 17 July 2021**, *'Innovations in osteoarthritis management'* focuses on research and implementation activity and it targets disease prevention and evidence-based health service delivery – along with innovations in disease modification.

Podiatrists know that osteoarthritis (OA) is at the forefront of an exploding epidemic of non-communicable chronic diseases. Affecting over three million Australians, it is a leading cause of disability and health service utilisation.

Beyond the pharmacological and surgical advances, population-based interventions have proven effective for preventing the development of OA. These include lifestyle management, maintaining a healthy weight, remaining active, and avoiding joint injury.

Where the challenge exists

Despite these proven interventions, Prof Hunter says a challenge still remains: For the person with osteoarthritis, management is typically inappropriate. This yields enormous downstream consequences for health services and contributes to poor health outcomes.

Professor Hunter will reflect on the disparity between modern health care systems (which is typically reactive and focused upon acute care) and the management of OA (which is ideally efficient, coordinated and patient-centred to support integration of evidence into practice). These are just some of the issues Prof Hunter will discuss during his presentation.

Register now to access a $50 discount!

To join Professor Hunter and many like-minded and inspiring peers, register for the upcoming Australian Podiatry Conference, taking place in July this year. And if you add the **discount code of APODA50** at registration before 1 July this year you will get an additional $50 off!

This is our first entirely virtual conference, spread out over two weeks to deliver more bang for your buck. You will access all session recordings, accrue CPD hours, attend a wide range of presentations and robust Q+A sessions, and connect with your peers across Australia (and beyond!)

Register at **podiatry.eventsair.com/apodconf21/registration**

...there's still time to book! Head to podiatry.org.au to register and find out more!

Question time!

Are your questions addressed below?

If not, just contact the conference team for further information at **(03) 9416 3111** or **conferences@podiatry.org.au**

What does my registration fee give me? Registering for the Australian Podiatry Conference 2021 gives you access to EVERY session for the entire two weeks of conferencing – that is 11 days and nights of content from world-leading specialists. You will also get access to recordings of all sessions, ready to listen to at your leisure at a later time. And access is provided to online social events as well as give-aways and discounts from our many commercial partners.

Why is the conference being held virtually? Because of the continued COVID-related uncertainty regarding 'live' events, and in the interests of the safety of our members and all associated staff, we have decided to hold the Australian Podiatry Conference 2021 as a virtual event.

We understand that many delegates would like to meet in person, but we believe it is the safest and most responsible course of action. The virtual platform allows us to access the world's best presenters from around the globe and bring them to you at a time and place that suits you.

Will there be any 'in-person' workshops? There will be no 'in-person' workshops associated with the Australian Podiatry Conference 2021, but we do hope to run 'in-person' events later in the year when it is safe to do so. Keep tuned for news on the APodA website and socials for more information.

When will the session recordings be available to view? Please allow 14 business days for all recordings to be emailed out.

How long will they be available for? All session recordings will be available to view for four months from the date they are sent to delegates.

What if I don't attend the LIVE conference sessions, will I still get a copy of the recordings? Yes! All delegates will receive a copy of the session recordings, regardless if they have attended the LIVE conference sessions or not.

What if I don't attend the LIVE conference, will I still get a CPD Certificate? Yes, a CPD Certificate will be issued to all delegates and it is the individual delegate's responsibility to declare the hours attended and keep a log of CPD activities and record the following details:

- Date it was completed
- Description of the activity
- Category, and;
- Number of CPD hours claimed, and goal achieved. ■

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See you there!

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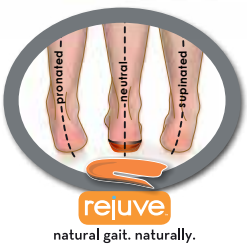

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Full commentary on cultural safety strategy just released

When it comes to First Nations issues, they may be perceived as not relating to many podiatrists. Indigenous section editor, James Gerrard explains why this needs to change. The full commentary, recently published in the Journal of Foot and Ankle Research (JFAR), is now available to read, *'Release of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025; the impacts for podiatry in Australia: a commentary'.*

> This strategy calls for all registered podiatrists to consider whether we, individually and collectively, are engaged in culturally safe care.

James is a podiatry graduate who has worked in public and private settings in Victoria, New South Wales and Tasmania, and he now lectures at La Trobe University within the discipline of podiatry. James is also a current University of Newcastle PhD candidate, involved in research giving First Nations voice to foot health education, and the developing, delivering, and evaluating of cultural safety education for undergraduate podiatry students.

How things were

By James Gerrard

At the time of British invasion, Captain James Cook documented 'very old' First Nations Peoples being 'far more happier than we Europeans', while Governor Arthur Phillip named the Sydney suburb of Manly in admiration of the physical health of Gadigal men of the Eora Nation.

Anthropologist Daisy Bates observed First Nations Peoples living 'into their eighties' and having a higher life expectancy than Europeans. The successful First Nations health paradigm that had been in place for at least 60,000 years was overlooked by colonisers, with catastrophic results for First Nations Peoples.

The Australian healthcare system's shameful cultural safety deficit has allowed for an Aboriginal and Torres Strait Islander child born in Australia today to expect to live nine years less than a non-Indigenous child.

Disproportionately negative healthcare outcomes, including early-onset diabetic foot disease and high rates of lower limb amputation in Aboriginal and Torres Strait Islander Peoples, contribute to this gross inequity.

For podiatrists who aren't already aware, the Australian Health Practitioner Regulation Authority released the *'National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025'.*

This is critically important to the podiatry profession in Australia. Partly because it is the first national guideline to shape podiatry and other professions' cultural practice. It recognises that cultural safety is a critical component of patient safety.

The ultimate goal is to empower all registered health practitioners within Australia to provide equitable health care to Aboriginal and Torres Strait Islander Peoples. Care that is inclusive, respectful and safe, as judged by the recipient of care. This strategy calls for all registered podiatrists to consider whether we, individually and collectively, are engaged in culturally safe care.

Gerrard et al. Journal of Foot and Ankle Research (2021) 14:38
https://doi.org/10.1186/s13047-021-00466-8

Journal of Foot and Ankle Research

COMMENTARY Open Access

Release of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025; the impacts for podiatry in Australia: a commentary

James M. Gerrard[1,2*], Shirley Godwin[3], Vivienne Chuter[1,4], Shannon E. Munteanu[2,5], Matthew West[1] and Fiona Hawke[1,4]

> Registered podiatrists can become leaders within the spaces within which we work; to advocate for culturally safe service provision in the pursuit of health outcome equity.

Lower limb inequities

As a podiatrist, you would be aware that Aboriginal and Torres Strait Islander Peoples have an increased likelihood of experiencing diabetes-related foot complications compared to non-Indigenous Australians.

In fact, a state-wide audit of all amputations performed in Western Australia from 2000 to 2008 found among people between 25 to 49 years of age with diabetes, major amputations were 38 times more likely, and minor amputations were 27 times more likely in Aboriginal and Torres Strait Islander Peoples than in non-Indigenous Australians.

These statistics are especially concerning given that the five-year mortality rate following lower limb amputation is 57% and there is no evidence of this situation improving. This highlights that a podiatrist working within the Australian healthcare system must be able to provide culturally safe health care to First Nations Peoples.

It starts with us

We are in a position to enact positive change. It starts with being aware of the action points in the strategy and understanding what our role is as podiatrists who represent a key piece of the healthcare system. Registered podiatrists can become leaders within the spaces within which we work; to advocate for culturally safe service provision in the pursuit of health outcome equity. The recently published commentary for podiatry around the release of the cultural safety strategy, documents mechanisms for us all to use in developing cultural safety. In clinical practice, in education, in research and in governance.

> ...a podiatrist working within the Australian healthcare system must be able to provide culturally safe health care to First Nations Peoples.

You can read the full piece via JFAR at: *'Release of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025; the impacts for podiatry in Australia: a commentary'.*

As podiatrists across all sectors of our profession, revision of truthful Australian history will begin a life long process to develop provision of culturally capable and safe health care.

What is cultural safety?

The *'National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025'* (National Scheme) was released through the Australian Health Practitioner Regulation Agency (AHPRA).

It defines cultural safety today as 'the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism'. It is judged by the recipient of care, Aboriginal and Torres Strait Islander Peoples.

Why is cultural safety important in podiatry?

While AHPRA previously mandated culturally safe practice as a requirement for registration for some health professionals, the recent release of the National Scheme targets health inequity experienced by Aboriginal and Torres Strait Islander Peoples through nationally consistent standards, codes and guidelines across all practitioner groups.

How does this impact on Aboriginal and Torres Strait Islander Peoples?

Aboriginal and Torres Strait Islander Peoples access to healthcare is reduced by a lack of culturally safe service, preventing equity in healthcare outcomes in Australia. As podiatrists, we must be part of the solution to this inexcusable shame and begin a journey to improve our culturally capable and safe practice.

In communities where provision of care is culturally safe, Aboriginal and Torres Strait Islander Peoples access health services more frequently and have better health outcomes. As podiatrists across all sectors of our profession, revision of truthful Australian history will begin a life long process to develop provision of culturally capable and safe health care. This is health care which is inclusive of self-reflexive, non-judgmental and respectful learning, research and practice. Health care that engages in power-sharing, communication and mutually beneficial relationships. And health care that is free from racism and prejudicial implicit bias.

This article is comprised of edited excerpts from a referenced commentary by James Gerrard, Dr Shirley Godwin, Prof Vivienne Chuter, A/Prof Shannon Munteanu, Matthew West and Dr Fiona Hawke. ■

GEL-NIMBUS 23

INFO TECH SHEET

SUPERIOR CUSHIONING FOR THE LONG RUN

HOW DO FOOT ORTHOSES WORK?

Edited by John Osborne, Certified Sports Podiatrist & Section Editor.
Written by Prof Karl B. Landorf, Dr Matthew Cotchett & Dr Daniel R. Bonanno.

Although podiatrists should know exactly which conditions FOs are effective for, they should also be knowledgeable about how they work (that is, their effects).

Introduction

Systematic reviews have found that contoured prefabricated or custom-made foot orthoses (FOs) are effective for some conditions and can prevent several overuse injuries. For example, there is evidence that appropriately prescribed FOs are effective for forefoot pain, painful pes cavus, plantar heel pain, osteoarthritis and rheumatoid arthritis of the foot, early stage posterior tibial tendon dysfunction, patellofemoral pain, and lower back pain. In addition, FOs have been found to prevent overall injuries and stress fractures in active populations, particularly in the military, and for preventing falls in older people as a component of a multi-faceted foot-focused intervention.

How do FOs work?

Although podiatrists should know exactly which conditions FOs are effective for, they should also be knowledgeable about how they work (that is, their effects). With this in mind, this article focuses on four methods that are currently used to assess the effects of FOs.

- Motion
- Plantar pressure
- Postural sway, and;
- Muscle activity.

1. Motion

Assessment of the effect of FOs on the body's motion or kinematics, is generally achieved by using 2-D or 3-D motion analysis. Assessment can be performed statically or dynamically, with dynamic 3-D assessment considered as gold-standard.

There are different systems, but researchers have generally gravitated towards visual marker-based systems where multiple cameras detect retroreflective markers placed on specific parts of the foot, leg and body.

Here are some findings:

- FOs have been found to affect rearfoot kinematics with less effect higher up the leg.
- The kinematic effects of FOs are generally small at the relatively limited number of joints that have been assessed and can be quite variable in different individuals.
- This may be a reflection of kinematic assessment techniques, where measurement is usually focused on a small number of joints (such as the rearfoot complex).
- Larger effects may be detected if a larger number of joints were assessed (such as all joints that a specific muscle, such as tibialis posterior, spans).
- These wider changes in motion across multiple joints may lead to larger overall effects that collectively result in symptom relief.

Researchers still grapple with what size of kinematic change is clinically important when related to worthwhile symptom change for the patient. This is a fundamental issue for any biomechanics research – what amount of biomechanical change (such as in the gait laboratory) is clinically worthwhile for the patient with symptoms or functional impairment?

For example, a study may find a statistically significant change in rearfoot eversion with a FO of maybe two degrees, but it is not clear if that equates to a change that will reduce symptoms such as in a patient with tibialis posterior muscle/tendon pathology.

2. Plantar pressure

Plantar pressure assessment or kinetics is achieved by using either fixed platform or in-shoe insole systems, although there are also walkway and treadmill systems now available. It is accepted that in-shoe insole systems, such as the pedar or F-scan systems, are the most appropriate way to assess plantar pressure changes with FOs.

In contrast to motion changes as observed with kinematic assessment (covered above), findings from plantar pressure studies convincingly and systematically demonstrate that FOs – particularly ones contoured to the arch and heel – alter both the amount and timing of force and pressure underneath the foot.

Specifically, contoured FOs redistribute plantar pressure from the heel and forefoot to the midfoot. In addition, forefoot padding, used on its own or in combination with contoured FOs redistributes plantar pressure away from painful metatarsal heads.

Assessment of plantar pressures provides the most convincing evidence for the effects of FOs (in terms of the size of the effect) – the effects are substantially larger than kinematic effects, and the changes are more systematic across patients.

3. Postural sway

Assessment of postural sway is a proxy measure of balance, which is important for people with poor balance and who are at risk of falling. Measurement of postural sway is still relatively new and there has not been a lot of research in this area, even though it has significance for reducing the burden of falls.

So far, the research in this area is generally poorly controlled and the findings may be somewhat inaccurate because of confounding factors.

> ...it is difficult to make conclusions about whether FOs or insoles have an effect on postural sway. In particular, whether they have a lasting effect on balance that leads to a reduction in falls in older adults and people with neurological conditions.

Furthermore, many of the systems test patients statically, via postural sway while standing, and studies tend to assess immediate effects of FOs only. Clearly, this limits the generalisability of this assessment given it may not relate to postural control in the dynamic setting. However, more recent techniques assess centre-of-pressure using plantar pressure walkways or platforms, which can incorporate more dynamic tasks.

This area of research is still relatively new and improvements are needed. In the meantime, it is difficult to make conclusions about whether FOs or insoles have an effect on postural sway. In particular, whether they have a lasting effect on balance that leads to a reduction in falls in older adults and people with neurological conditions.

4. Muscle activity

The activity of muscles is most frequently assessed by electromyography (EMG). EMG assessment is achieved by detecting electrical activity of muscles through either surface or in-dwelling (in the muscle belly) electrodes.

EMG assessment, particularly if using in-dwelling electrodes to access deep muscles, is highly complex. The data is also difficult to analyse and there is often great variability in participants' EMG response to FOs, so the meaning of the aggregated data from studies is not straight forward.

Nevertheless, the effect of FOs on EMG activity in the lower limb has demonstrated statistically significant changes in many lower limb muscles (for example in the tibialis anterior and peroneus longus). However, the clinical meaning of these data is still uncertain.

Again, like kinematic data, the amount of change required with a FO to lead to a clinically worthwhile change for a patient is not known. So, although statistically significant findings may be found, it is still not understood what amount of change will reduce symptoms in a symptomatic patient.

Summary

While there is no consensus on how FOs work, there is evidence to suggest small, yet significant changes to the function of the lower limb with a variety of orthotic devices.

Studies have shown effects on kinematics and EMG activity in the foot and leg. In addition, FOs may also affect postural sway and balance.

However, plantar pressure changes appear to provide the most convincing explanation of the effects of FOs as the changes observed are larger and more systematic.

Further research investigating how FOs work is necessary, including studies with more robust designs, linking biomechanical effects of FOs with physiological changes of tissues, and exploring the contextual effects of orthotic treatment.

Note

This article is a summarised version of the following article and book chapter:

1. Landorf KB. How do FOs work? Podiatry Now. 2016;19(5):24-7.

2. Landorf KB, Cotchett M, Bonanno DR. How do FOs work? In: Neale's Disorders of the Foot and Ankle. Edited by Burrow JG, Rome K, Padhiar N, 9th edn: Elsevier; 2020:555-75.

If readers would like electronic copies of these articles, please contact Prof. Karl Landorf (email: k.landorf@latrobe.edu.au). ■

CHOOSING PRACTICE MANAGEMENT SOFTWARE

By Andrew Schox and Airlie Waller

Thinking of purchasing Practice Management Software? Our Technology Section Editor Andrew Schox and Airlie Waller offer the following tips.

Making the jump (or moving) to a new Practice Management Software (PMS) is a big deal. PMS can be rightly regarded as the centrepiece of running your practice. It's going to be what you and your team use most frequently on a daily basis. It will contain a lot of critical information about your patients and your business. For these reasons, you really need to try and pick the best solution for you. This article walks you through what you should be thinking about before you take this step.

Where to begin? If you are new to this, then a good start is to look around at what's on offer. Google is your friend here, but also ask colleagues and look at publications like this one. As you become familiar with what's out there, you can make a list of features that you like in order of priority.

Alternatively, you may have been using a PMS for some time, and already have an idea of what you like and don't like. Presumably you also have a reason to consider a move to another product. Remember that software can evolve rapidly, so even if you are familiar with some of the major players in this market, you should always go back and see what's new and what's different this time around.

Things to consider

Here are some of the issues you should think about as you evaluate your options. You should try and end up with an opinion (or at least a preference) in each of these areas.

#1 Specific requirements

Wherever you are coming from, you may have certain requirements that are deal breakers for you. Now is a good time to get those down on your list. Some examples include:

- You have to use a certain piece of hardware such as a HICAPS terminal and an iPad
- Medicare/DVA integration requirements
- Email/SMS reminders

#2 Features

Common features of PMS include:

- Appointment book and online bookings
- Invoicing (including via email)
- Online payments
- Integration with other software (accounting, Medicare, marketing and so forth)
- Patient notes
- Letters (including templates)
- Messaging/recalls/reminders either via email and/or SMS
- eHealth integration
- Import existing paper documents
- Reports/analysis
- Migration support.

#3 Bring your own device

Some offices use Macs, whereas some like Windows. You may want to use tablets. Being able to access your system on a smartphone is very useful indeed, even if you mostly use a computer at work. Lots of systems now run on web apps in your browser. Check to see which browsers are supported.

#4 Look and feel

Practice Management Software should be easy on the eyes, easy to use and quick to pick up. If it's not nice to look at, and clunky to use, then people will not enjoy using it. Also, you want the data in your system to be accurate and reliable: well-designed software deliberately tries to make your life easier and helps you work more efficiently.

#5 Hosting: your office or the cloud?

A common view is that, "I want to keep my data in my own office as it is more secure". In fact, it is almost never the case that data hosted in your private network is likely to be more secure than if it is hosted in the cloud.

We will talk about security and privacy in more detail in an upcoming article. But for now, assume that professionally-hosted, cloud-based solutions are going to be as secure as you can get.

#6 Importing and exporting your data

Even if you are starting from scratch, you might want to move elsewhere later on, so you need to be able to access all your data when you need to. Some companies will offer a minimal export (or claim that it's not possible). This can encourage a 'vendor lock-in' where it all seems too hard to look elsewhere. Don't get yourself stuck in a product forever.

#7 Integration with other software

The most obvious example here is integration with your accounting software, but there are lots of opportunities to automate and integrate your business by using software that can talk to other software and exchange information. Even if you don't do this right now, you should have that option down the track.

#8 Cost

Practice Management Software comes at different price points, and sometimes the difference in price isn't sufficient

to influence a decision between one product and another. It is up to you what you are prepared to pay, but doing things with software is always going to be cheaper and more effective than doing it manually. It is better to pay a premium if you can see that the company behind the software is doing a great job, cares about and supports its users, and is likely to be a good partner for you in the long term.

The final decision

Hopefully by this stage you will be confident that you are interested in only one or two options. This is where you need to try and get a real feel for the software. Consider doing the following:

- Read reviews and watch videos
- Sign up for a demo if one is available.

Look at what's available as far as online communities and support services. Interact with these. Call up support and ask a dumb question, and see how you are treated.

Is there a public roadmap for the future of the software? Can you see it? Vote on it?

Get everybody in the practice who is going to use it to try it out. See what their impressions are.

Once you have made your decision, there will be some planning, training and transition to consider. You want everybody to hit the ground running with the new software with the minimum of down time. If someone is going to help you with data migration, you will need to plan this too.

It's in your hands

Choosing a new PMS is not something you do on the spur of the moment after seeing an ad on Instagram! You need to take some time to think through your needs, and then pick the best option, based on what most fits the bill. You need to consider this as part of the overall strategy for your business and the technology you use in it, since your PMS is a central source of information which will be likely to be used by other tools you integrate with. Once you have made your decision (especially if this involves migrating a lot of data from another system), it's not something you want to change your mind about in a hurry.

Next steps

- Start by making a list of what is essential, desirable or just nice to have.
- Carefully go through each product that you are evaluating. Maybe make a table or spreadsheet for this, so it's set out and you can see the big picture.
- Talk to colleagues, read reviews, and play with any software demos on offer. Make sure you are thinking of your current needs as well as how you see your business evolving over the next few years.
- Good luck!

ASK THE EXPERTS

Q What do you envision for the future of practice management software, and how it may impact on podiatrists in particular?

A "Health practices must enable the hyper-convenience mode of living! As lives get busier and more mobile, people want smarter ways of maximising their time. During the pandemic many podiatry practices used the downtime to evolve and keep up with changing patient expectations. Moving from a paper-dependent practice to electronic health records with self-service online tools was a transformative step, and practitioners can now exchange information in real time making sure everyone has a current and accurate file.

"Software automation tools make running a health practice easier, and provide a fuss-free experience for the patient. And isn't that what we practitioners strive to do?"

powerdiary.com

Damien Adler,
Co-Founder of Power Diary
powerdiary.com/stride

A "The rapidly changing technological landscape will see podiatrists accessing their data and systems from anywhere on a wide variety of devices. As IT systems develop, the focus will be on workflows rather than individual functions; a practitioner will complete a clinical note with the patient automatically billed, a progress letter sent securely to their GP and a follow-up appointment and reminder recorded. With improvements in interoperability, practitioners will be able to share information quickly and securely among health professionals. In addition, systems will not simply store and retrieve data but help in the clinical decision-making process using Artificial Intelligence (AI) to review medications, foot scans, x-rays and gait analysis studies as just some examples; helping to improve outcomes for patients." ■

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PREVENTING FALLS IN OLDER PEOPLE:

Starting the conversation about safe independence

By Dr Kristy Robson | Section Editor | Senior Lecturer in Podiatry, Charles Sturt University

Falls prevention is everybody's business. Dr Kristy Robson explores the complexity of falling in older people and the important role that podiatrists can play in increasing awareness of the risks and encouraging safe independence.

Meet Kristy

Dr Kristy Robson is a senior lecturer in the School of Community Health (SCH) at Charles Sturt University (CSU). Kristy teaches across the clinical subjects and is the academic coordinator of workplace learning for podiatry at CSU. She also teaches in the areas of paediatrics, biomechanics, orthotics and healthy ageing. Kristy completed her PhD in 2016 titled, Exploration of Falls Risk in Regional Australia and she has extensive experience in healthy ageing research and enhancing mobility, particularly in older populations to maintain their quality of life. She is particularly interested in qualitative methodologies and community based participatory research approaches that value participants to have an active voice and contribute to practical solutions to problems that impact their communities within a co-creation framework.

Intro

It is estimated that one in every three older adults fall every year within the community, but these are just the ones we know about, many go unreported.

We also know that 20% to 30% of these falls result in moderate to severe injury potentially leading to long term disability and reduced quality of life. We know that falling represents the leading cause of unintentional injury in this population. And fall related injury significantly increases the chance of an older person being admitted into residential aged care, with only about half of older people hospitalised as a result of a fall related fracture being able to return home.

Despite many years of falls-prevention focus and substantial funding to rein in the prevalence of falls over the past decade, the age-standardised hospital admission rates attributed to falls have continued to increase by 2% per year in Australia. This is of significant concern, particularly given the ageing population.

The focus of this article

The fourth article in the aged care series explores the complexity of risks associated with falls in older people.

We will focus on understanding the types of risks associated with falls and the importance of engaging early with older people about minimising their risk.

In this article I will focus on these issues and:

- Define what a fall is
- Describe the impact falls can have on an older person
- Explore the different types of fall-related risk factors
- Discuss what we can do as podiatrists to contribute to reducing falls-risks in older people.

What is a fall?

A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

This definition can be confusing for both health professionals and older people. As discussed, falling in the older population poses significant impact in a range of areas, so it is important that health professionals are clearly identifying older people that are at most risk of fall related injury. Therefore, health professionals should regularly ask older people about a fall history.

The 'Prevention of Falls Network Europe' (ProFaNE) suggests that health professionals ask older people "In the past month, have you had any fall including a slip or trip in which you lost balance and landed on the floor or ground or lower level?"

The impact of falls on the older person

Falls in older people is one of the greatest contributors to mobility issues in this population group.

Older people have increased susceptibility for injury given the increase prevalence of:

- Aged-related physiological changes
- Comorbidities and chronic disease; and
- Delayed functional recovery.

These can all lead to musculoskeletal

deconditioning, which further increases the risk of subsequent falling. At least four public health burdens have been shown to be associated with limited or restricted mobility:

- Limited access to goods and services may mean people are unable to access healthcare
- This may be linked to ongoing health problems and further injury and chronic disease
- It can also cause social isolation and psychosocial issues
- All resulting in limited engagement in the community and reduced quality of life.

Falls also have hidden costs which impact on the lives of older people and their relatives and carers. Fear of falling can be debilitating and lead to severe restrictions in activity and social interaction. In addressing issues about falls, interventions should be made with a view not only to manage health care costs, but to improve the quality of life of older people: by reducing pain, fear and isolation and increasing independence and well-being.

What do we know about the falls-related risk factors?

Within the current literature there are a number of different risk factors that can contribute to falling. These can broadly be classified into three domains (and it is important to note that the interplay between all three domains generally is the greatest threat to fall related injury).

Intrinsic risk factors or biomedical risk factors (person related): Examples include physical disability, muscle and joint limitations, chronic disease, medications, cognitive impairment, neurological disease, medications and so forth.

Extrinsic or environmental risk factors: Examples include poor footwear choices, steps and stairs, slippery surfaces, poor lighting, cracked footpaths, vegetation on the ground and so forth.

Behavioural risk factors: Examples include perceptions of risk, fear of falling, risk taking behaviour, personality traits, reduced physical activity and so forth.

What we can do as podiatrists

We typically see a large number of people over the age of 65 in our practices and one of our fundamental roles is to assist with improving or maintaining mobility. Therefore, we have the opportunity to start to talk about challenges older people are having with their mobility early – before they may have an injurious fall.

We should use every opportunity to start the conversation with older people on falls risk, and increase the general understanding of the types of risks that can influence falling.

But our role in managing fall risk is not to limit an older person's ability to maintain their independence, but rather we should focus on safe independence and educate our older clients on the impact of risk-taking decisions.

By increasing discussion with our older clients on fall-related risks it may help to reduce the number of unreported falls that are occurring in the community; resulting in early intervention before more significant injury occurs. Early identification of older people who are at the greatest risk of falls is also important, so that appropriate interventions can be implemented before such serious injury occurs.

The Australian Commission on Safety and Quality of Health Care (ACSOHC) (2009) recommends that all older people with a history of two or more falls in the previous year should be referred for a more detailed assessment. International guidelines also recommend that health professionals interacting with older people should be regularly asking them and/or their carers about their falls history.

An example: Alice's story

Alice fell off her small step ladder in the backyard while pruning a bush with some overhanging branches, which were in the way of her main path to the clothes line. Alice was planning on getting her son to do this task for her but he hadn't had a chance to come around. So she chose to use her step ladder (which she uses in the house) and do this task herself.

Alice hurt her ankle in the fall but she felt it wasn't bad enough to see anyone about. Both her son and health professionals were unaware that the fall occurred.

ALICE: A CASE STUDY

Extrinsic risk factors	Intrinsic risk factors	Behavioural risk factors
• The ladder was placed on uneven ground. • The bush and branches were at an obscure angle making it hard to reach. • Alice was wearing unsupportive shoes. • The time of day may impact the amount of light in the area.	• Alice's muscle strength – her ability to get up and down the ladder successfully. • Joint restrictions resulting in compensations. • Alice's balance on the ladder and her ability to reach outside her centre of gravity to prune the branch. • Any vision issues may lead Alice not to be able to see the steps on the ladder.	• Alice's decision to want to successfully complete the task herself rather than wait for her son, without considering all the risks. • Believing she has made the risk safer by using a step ladder that she often uses inside the house (but fails to recognise that the outdoor ground surface is different compared to the floor of her home). • Covering up the fall from her family and health professionals, which limits the opportunities to put preventative interventions put in place for the future.

Some other issues to consider

#1 We need a comprehensive approach:

Managing fall risk in our older populations is complex and challenging. A comprehensive approach is needed and podiatrists need to be actively involved. Evidence suggests that if an older person is identified as at-risk and is referred to falls-specific interventions, this doesn't always mean they will actively take on advice to minimise their risk if they perceive that they are not at risk, even if screening result suggest otherwise.

#2 Strength-based programs need to be maintained:

There is also evidence that the benefits of strength-based programs can be lost once programs are completed, so it is important to encourage older people to continue to undertake regular ongoing strength-based exercise.

#3 Many older people are reluctant to admit to health professionals that they have fallen:

It's important for podiatrists to continue to have the conversation about all of the falls-related risks, and we need to actively destigmatise the perception that falls are just part of getting old and nothing can be done. Older people often don't perceive they are at risk of falls until something happens, so even small non-injurious falls should be considered, because the fall outcome may be more serious next time. We also need to be mindful that negative messaging isn't well received by older people and it can lead to misinterpretation – for example, the belief that, 'Once I have done my falls prevention program I am now safe'.

#4 Frame the message positively:

It is also important to consider framing messaging in a positive light such as 'healthy ageing' rather than 'falls prevention', with encouragement to continue with physical activity and safe independence over the long term.

More information?

More information on this topic is available at:

anzfallsprevention.org/resources/resources-for-health-professionals/

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THE DIFFERENCE BETWEEN PEDORTHICS AND PODIATRY: Where the opportunities lie

By Dr Alex Barwick

Dr Alex Barwick leads this month's series for the Australiasian Council of Podiatry Deans where the ACPD discusses how podiatrists and pedorthists can collaborate together.

Meet Alex

Dr Alex Barwick has been a registered podiatrist for over 10 years working in public and private practice. Alex received her Bachelor of Podiatry (Honours) and PhD from the University of Newcastle. Her research focuses on diabetes-related foot disease and preventative care. She currently co-ordinates the Bachelor of Pedorthics and Bachelor of Podiatry programs at Southern Cross University and is a member of the Australian Pedorthist Registration Board.

Though I am a podiatrist and not a pedorthist, I am lucky enough to teach into the Bachelor of Pedorthics program at Southern Cross University, and I am always delighted when I get to see the products created in the lab. Pedorthists focus on footwear solutions and I see a great opportunity for pedorthists and podiatrists to increasingly collaborate.

As podiatrists would already be very familiar with; new and emerging technologies in CAD-CAM and 3D printing make for exciting opportunities to develop new orthotic and footwear solutions by clinicians and researchers. It is important that all Australians who need such solutions can have access to quality pedorthic services, and we must look into the future at how these are best delivered. Pedorthists can work within multidisciplinary teams, including podiatrists, occupational therapists and podiatric surgeons, to provide unique expertise in custom-making and modifying medical grade footwear for complex feet and lower limbs. In fact, some podiatrists have undertaken the Bachelor program to gain the skills to extend their scope of practice to become certified pedorthists.

The data behind therapeutic footwear

We know that our ageing population drives the demand for therapeutic footwear and a growing evidence base shows that these interventions have a positive impact on patient outcomes. There is now a wider understanding of the effectiveness of footwear to prevent re-ulceration of chronic foot wounds (1,2) and their need to be implemented in practice is reflected in the National Association of Diabetes Centres Collaborative Interdisciplinary Diabetes High Risk Foot Services Standards.

Additionally, therapeutic footwear is recognised by the World Health Organisation as an assistive technology on the Priority Assistive Products List (3) and there have been several changes to funding support for these services, including the National Disability Insurance Scheme. Despite this, little formal research exists on the matter and there is reason to believe that Australians are under-serviced when it comes to these skills and interventions, especially in regional and remote areas.

Pedorthists can work within multidisciplinary teams, including podiatrists, occupational therapists and podiatric surgeons, to provide unique expertise in custom-making and modifying medical grade footwear for complex feet and lower limbs.

The role of a pedorthist within this picture

According to the Australian Pedorthist Registration Board, there are three types of pedorthists:

- **Retailer:** Provides advice and ready made footwear for clients.
- **Modifier and retailer:** Provides advice on the provision of medical grade footwear and modifies ready made products to match the requirements of the client.
- **Custom maker:** Provides a full pedorthic service to the client including advice on medical grade and custom made footwear where ready made products are not suitable.

Similarities and differences between the two professions

There are specific differences between a pedorthist's and a podiatrist's service offering. They are:

- Both professions have caseloads across the lifespan but pedorthists focus on those with neuromuscular disease and mobility impairment.
- Both podiatrists and pedorthists are able to provide ankle-foot-orthoses and ankle bracing devices that work in tandem with footwear.
- Both professions can provide advice on the need for medical grade footwear.
- Podiatrists can prescribe and refer for medical grade footwear and custom-made footwear.
- Pedorthists can custom design and manufacture footwear and make substantial alterations to prefabricated footwear to meet a range of client needs and in some cases, can prescribe.
- Under current Department of Veterans' Affairs (DVA) guidelines podiatrists can assess and refer for medical grade footwear but only pedorthists can provide and/or manufacture.

Opportunities for collaboration

The combined expertise of a podiatrist and pedorthist are often used to prevent plantar neuropathic ulceration. If a client has complex footwear needs, a podiatrist may send a client to a pedorthist for custom-made offloading footwear following the healing of a wound as a preventative measure. The podiatrist will work more regularly with the client to ensure overall foot health is maintained and monitor the footwear to ensure they meet the clients needs over time, alerting the pedorthist to when a review may be needed. In this way, the podiatrist can utilise the specialist skill of the pedorthist to prevent recurrence of the wound and maintain mobility and wellbeing of the client.

Any questions?

If you have any questions about this topic, please contact me directly on **alex.barwick@scu.edu.au.**

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Foot logics

POLICIES & PROCEDURES:
The importance of acting reasonably

By Joseph McHardy, APodA HR Advisory Service

Joseph McHardy explains why a well-formed workplace policy is of no use if not properly observed (and why it can be equally as redundant if it is unreasonably applied).

The cornerstone of best practice HR in the modern-day workplace is having well drafted policies and procedures that provide information and guidance for employers, managers and employees on how to address and resolve (insofar as is reasonably practicable) workplace relations issues that will inevitably arise. Equally important as the creation of these policies is the manner in which they are enforced.

1 What policies and procedures outline

Policies and procedures are documents which outline:

- An employer's expectations with regard to the behaviour and conduct of their staff
- An employer's approach to key HR systems and processes.

Policies and procedures are critical in that they provide for consistent and objective management of workforce issues. From an employer's perspective, developing and following reasonable policies and procedures ensures compliance with Australia's complex and intricate industrial relations system. From the employee or worker's perspective, reasonable policies and procedures ensure there is a clear understanding of an employer's expectations and that they are being afforded their rights.

Aside from compliance, without such documents, it is far more difficult to create a harmonious and productive workplace culture.

2 How to develop policies and procedures

When looking to develop workplace policies and procedures, there are a number of key points to consider:

- What is the scope of the policy? For example, what areas does the policy cover and who does it apply to?
- Who has responsibilities to observe and enforce the policy? The responsibilities of each party should be addressed individually.
- What are the consequences for breaching the policy?
- What (if any) mechanisms exist to manage situations where a dispute arises over the application of the policy?
- Who can be contacted should there be any questions regarding the policy and/or its enforcement?

3 How to enforce policies and procedures

The manner in which workplace policies are enforced will depend largely on their subject and scope. As a general rule, the policy itself should clearly outline the process for how both employer and employee will approach a particular issue.

When seeking to enforce a policy, it is critical that an employer consider any relevant contextual factors that may affect whether its application is reasonable. This is particularly pertinent if the employer is looking to take disciplinary action against an employee.

A case study (and a warning!)

Here's a recent example where an industrial tribunal found that an employer had acted unreasonably related to a direction for a worker to undergo a drug and alcohol test.

The worker – who had been totally incapacitated for work and was receiving compensation payments after sustaining a back injury – had received a medical certificate to advise that he would be fit for a 'partial return to work' after a three-month absence.

At a meeting arranged to discuss the worker's return, the company alleged that the worker had engaged in misconduct by:

- Being evasive in engaging with the employer to develop a return-to-work plan, and;
- Being observed undertaking home renovations and displaying a level of activity inconsistent with the restrictions certified by his medical certificate.

In this same meeting, a company director accused the worker of being a 'drug addict' and told him he'd have to submit to a drug and alcohol test that day – knowing full well the employee was currently prescribed strong pain medications to manage his condition.

The worker refused to undergo the test and the employer alleged this was indicative the test would return to a positive result and terminated the worker's employment on the grounds of serious misconduct. As a result, the worker's compensation payments were discontinued.

The matter then went to trial, wherein the Court found that the employer had acted unreasonably in requiring the worker to take a drug test when he was not expected to be working for several more weeks. And the employer had reasonable knowledge that the medication the worker had been prescribed could have produced a positive test result.

Finally, the judge found that the director had sought to mislead the Court as to the events that occurred in relation to the drug test.

Importantly, the context here meant the employer could not unilaterally rely on its drug and alcohol policy to allege the worker had engaged in serious misconduct. Their decision to terminate on these grounds was ruled unreasonable by the Court (and again when the employer appealed the decision). The Court then reversed the decision to discontinue the worker's compensation payments.

This case teaches us that in addition to developing policies, employers must be reasonable when seeking to enforce them. Failure to account for the circumstances may lead to an employer's actions being ruled unreasonable and appropriate remediations being ordered.

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Dr Fiona Hawke talks with Professor Vivienne Chuter, head of discipline of podiatry at University of Newcastle on a range of issues behind the scenes

Interviewee

Professor Vivienne Chuter is heavily invested in developing decolonised podiatry curricula that welcomes First Nations students, supports their podiatry studies, and produces podiatry graduates who are culturally safer and more capable of further developing cultural capabilities. The aim of such work is the pursuit of health equity in this country.

Interviewer

Dr Fiona Hawke is a lecturer in podiatry at the University of Newcastle, with a PhD in medicine from the University of Sydney. She is currently working two days per week to raise a family. Trained as a podiatrist at the University of Western Sydney, Fiona graduated 13 years ago.

Q What are you working on at the moment?

Research-wise, lots of different things in the diabetes space, particularly around prevention of diabetes related-foot disease with lifestyle interventions. I am also working in some Aboriginal and Torres Strait Islander foot health research, and strategies for delivering effective cultural capability training. It is in equal parts exciting, interesting and busy.

Q Where do you conduct your research?

As I do interdisciplinary research I am fortunate enough to work with a lot of different people in clinical practice, health research and education and in a range of different places. We have an amazing podiatry clinic with our Local Health District (LHD) podiatrists. The local community and our clinic patients are also fantastic supporters of our

research program, so a lot of research runs through that space.

We are lucky enough to be able to undertake some of our projects on Country with the Wiradjuri and Darkinjung Communities in Wellington NSW and Central Coast NSW; thanks to their generosity and willingness to share their time, stories and wisdom. Being granted the privilege of having First Nations People involved in designing and implementing research with us is an ongoing highlight for me.

Q What keeps you going in research?

I do research because I enjoy it and find it challenging. I enjoy working with the people I research with and I enjoy supervising research students, who all inevitably end up teaching me more than I teach them. I think our profession is important and impactful and I believe this sometimes gets overlooked. We help some of the most vulnerable and most chronically ill people in our communities. As podiatrists, we are always striving for better health outcomes for them and research is a great way to help us do this.

Q What first got you interested in research?

I am pretty sure it was blinding my classmates when burning a strip of magnesium with a Bunsen burner at school. That, and realising some much hyped runners I bought as a teenager were terrible and wondering if anyone had tested them to see if they work before putting them on the feet of a famous sportsperson and selling them to the masses.

Q Do you have a research mentor?

Not early on, which was a shame I think. When you teach, research and administrate you need a pretty broad skillset and it is good to have experienced people around you when you start.

More recently, the 'Professors Callister' (Profs. Robert [Bob] and Robin Callister at the University of Newcastle) have been amazing mentors for myself and many others. I have the greatest respect and appreciation for their altruism, inclusiveness and generosity; as well as Bob's positivity and pragmatism and Robin's experience as a female academic in a senior position.

I am glad there are a lot more women in research in our field now, too. We were few and far between when I began. We now have a group of talented female researchers in senior roles and we have a lot more females engaging in Higher Degree Research, so that group is only going to grow.

More information

A complete list of research publications by Prof Vivienne Chuter are available through her researcher profile via **newcastle.edu.au**

Q What challenges you as an academic and a researcher?

While there are lots of good things about being an academic and a researcher, it can also be a challenging role. Despite the widely held misnomer, we do not actually get six months off every year when we aren't teaching students (sad but true).

It is also quite competitive, and not always in a healthy way. The workload can be more of a concept than a number and you have to get used to disappointment, as there will be grants that don't get funded and papers that get rejected.

This is why having good mentors who share your values can help you to keep perspective and navigate this at any stage of your career. I think this is particularly the case when you are a head of program and/or program lead. I have done it for quite a while now and it can still be difficult to juggle the demands.

I think initiatives to establish and develop mentoring opportunities and stronger working relationships between the podiatry programs such as the Australasian Council of Podiatry Deans will really help support development of podiatry academics, podiatry education programs and the profession. ■

TAX TIME!
Top tips from the ATO

Tax time is... well, taxing, which is why we've scoured the Australian Taxation Office's (ATO's) resources that are specifically aimed at the category named: 'Doctor, specialist and other medical professionals'.

What the ATO says about... **RECORD KEEPING:**

You need to get and keep records of your expenses for which you want to claim deductions. This is usually a receipt but can be another form of written evidence (such as an invoice).

Records can be electronic (for example, you can take a photo of your receipt, or use an app). The myDeductions tool in the ATO app, can help you to keep track of your work-related expenses. It's an easy way to capture information on-the-go, making tax time quicker by uploading your deductions to your tax return. If you use a tax agent, they can access your uploaded data through their practice management software or you can email a copy to them from the app.

Records must show what you purchased, when, where, and how much you spent. They must be in English.

There are a few exceptions to this rule:

- Small expense receipts
- Hard to get receipts
- Overtime meal expense receipts
- Travel and meal expense receipts.

What the ATO says about... **ALLOWANCES:**

Include all allowances shown on your income statement or payment summary as income in your tax return.

You may receive an allowance to:

- Compensate you for an aspect of your work, for example, carrying out unpleasant tasks
- Help you to pay for certain expenses such as meals when you travel for work.

If your employer pays you:

- An amount based on an estimate of what you might spend, such as paying cents per kilometre if you use your car for work, then it's an allowance
- For the actual amount of the expense (either before or after you incur the expense), such as paying for the petrol you use if you use your car for work, it's a reimbursement.

You may receive allowances:

- For work that may be unpleasant, special or dangerous
- In recognition of holding special skills, such as a first-aid certificate
- To compensate for industry peculiarities, such as working on public holidays or a rostered day off.

These payments don't cover you for expenses you might incur. Include these allowances as income in your tax return.

If you receive an allowance from your employer, you aren't always entitled to a deduction – it depends on the situation.

Your employer may not include some allowances on your income statement or payment summary. This can apply to travel allowances and overtime meal allowances paid under an industrial law, award or agreement. You can see these allowances on your payslips.

If the allowance isn't on your income statement or payment summary, and you:

- Spent the whole amount on deductible expenses, you:
  - Don't include it as income in your tax return
  - Can't claim any deductions for these expenses.
- Spent more than your allowance, you:
  - Include the allowance as income in your tax return
  - Can claim a deduction for your expense, if you're eligible.

If you're a Doctor, specialist or other medical professional, it pays to learn what you can claim at tax time

To claim a deduction for work-related expenses

- you must have spent the money yourself and weren't reimbursed
- it must be directly related to earning your income
- you must have a record to prove it.*

You can only claim the work-related part of expenses. You can't claim a deduction for any part of the expense that relates to personal use.

* You can use the ATO app myDeductions tool to keep track of your expenses and receipts throughout the year.

Car expenses

✓ **You can claim** a deduction when you:

- drive between two separate jobs on the same day – eg driving between house calls
- drive to and from an alternate workplace for the same employer on the same day – eg travelling to different hospitals or medical centres.

✗ **You generally can't claim** the cost of trips between home and work, even if you live a long way from your usual workplace or have to work outside normal business hours – eg when working on call.

In limited circumstances **you can claim** the cost of trips between home and work, where you were required to carry bulky tools or equipment for work and all of the following conditions were met:

- The tools or equipment were essential for you to perform your employment duties and you didn't carry them merely as a matter of choice.
- The tools or equipment were bulky – meaning that because of their size and weight they were awkward to transport and could only be transported conveniently by the use of a motor vehicle.
- There was no secure storage for the items at the workplace.

If you claim car expenses, you need to keep a logbook to determine the work-related percentage, or be able to demonstrate to the ATO a reasonable calculation if you use the cents per kilometre method to claim.

Clothing expenses

✓ You can claim a deduction for the cost of buying, hiring, mending or cleaning certain uniforms that are unique and distinctive to your job – eg a compulsory doctor's uniform – or protective clothing that your employer requires you to wear – eg lab coats or surgical caps.

✗ You can't claim a deduction for the cost of buying or cleaning plain clothing worn at work, even if your employer tells you to wear it, and even if you only wear it for work, eg a business suit.

Travel expenses

✓ **You can claim** a deduction for travel expenses if you are required to travel overnight and don't attend your usual work location, eg travelling to a remote location to work at a clinic, provided the cost was incurred while carrying out your work duties. This could include meals, accommodation and incidental expenses that you incurred and your employer has not provided or reimbursed you.

✗ Receiving a travel allowance from your employer does not automatically entitle you to a deduction. You still need to show that you were away overnight, you spent the money yourself, and the travel was directly related to earning your income.

✗ You can't claim your travel expenses if you are undertaking private travel and add on a work-related component – eg while on holiday in Cairns, you notice a work-related seminar and decide to attend. In this scenario, you may claim the seminar fees, but not your travel expenses such as flights or accommodation.

Self-education expenses

✓ **You can claim** a deduction for self-education expenses if your course relates directly to your current job – eg continuing professional development to maintain medical registrations.

✗ **You can't claim** a deduction if your study is only related in a general way or is designed to help you get a new job – eg you can't claim the cost of study to enable you to move from being a paramedic to a pharmacist.

✗ If you undertake study where there are both work and private components – eg a cruise where continuing professional development sessions are offered – you need to apportion the expenses and only claim the work-related part.

Other common deductible work-related expenses

✓ Other expenses you can claim a deduction for include:

- professional indemnity insurance
- medical journal subscriptions and publications
- AMA or other medical professional association membership fees
- the work-related portion of phone expenses
- medical equipment and insurance for that equipment.

This is a general summary only.
For more information, go to **ato.gov.au/occupations**

Australian Government
Australian Taxation Office

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More information?

For insights like these, head to the ATO website and search within the category of 'doctor, specialist and other medical professionals' at **ato.gov.au**

What the ATO says about... REIMBURSEMENTS:

If your employer pays you the exact amount for expenses you incur (either before or after you incur them), the payment is a reimbursement. We don't consider a reimbursement to be an allowance.

If your employer reimburses you for expenses you incur, you:

- Don't include the reimbursement as income in your tax return
- Can't claim a deduction for the expenses.

What the ATO says about... DEDUCTIONS:

You may be able to claim deductions for your work-related expenses. These are expenses you incur to earn your employment income as a doctor, specialist or other medical professional.

To claim a deduction for a work-related expense:

- You must have spent the money yourself and weren't reimbursed
- It must directly relate to earning your income
- You must have a record to prove it (usually a receipt).

You can only claim a deduction for the work-related portion of an expense. You can't claim a deduction for any part of an expense that is not directly related to earning your income or that is private.

You can use the myDeductions tool in the ATO app to help keep track of your work-related expenses. It's an easy way to capture information on the go and makes tax time quicker.

You can upload your expenses to your tax return. If you lodge your tax return with a tax agent:

- They can access your uploaded data through their practice management software, or;
- You can email a copy to them from the app.

Use our detailed list (also available on the ATO website) to help you work out if you can claim a deduction for your expenses and how much you can claim.

The power of a unique brand (and the purple cow!)

By Ben Lindsay: biomedical engineer, technologist and futurist

Let's start with a thought exercise. Imagine you're driving through the country along a straight or winding road; whatever you feel is more relatable. It's a sunny day; you have your favourite podcast or audiobook playing on the speakers and as far as you can see are green fields.

All of a sudden, you pass a paddock with a large herd of cattle. Do you pull over?

For most, the answer is no. Seeing a herd of cattle is no longer remarkable. Maybe your children encourage you to do so, but for you, it lacks the uniqueness and excitement to warrant pulling over the car, opening the door, and getting out.

Now imagine you're driving down the same road, but this time, as you begin to pass the paddock, you notice something unusual. Standing at the front of the herd is a large, bright purple cow.

You have never seen anything like it! Are you kidding me?! This time you pull over, rush out of the car (forgetting the kids). It's real—a bright, purple cow.

Why the adage of the purple cow matters

The concept of the purple cow was made very famous by a world-renowned marketer, Seth Godin, who wrote a book of the same title. It teaches us the power of being unique. In a world fatigued by advertisements of products that all compete on the same things – how can you truly stand out and be unique?

When your uniqueness creates a new marketplace, it is often regarded as swimming in clear, blue oceans—no more bloody, red oceans where all your competitors take chunks out of each other. To take the branding of your product one step further, you need to explore the Blue Ocean Strategy – another book by the same namesake which talks about the pursuit of pure differentiation.

The takeaway is this: Our communities don't see as much value in competition as we realise; such as who has the lowest price, the best looking practice and so forth. Instead? You must do what no other person can! Find your uniqueness. ■

Ben Lindsay is the inventor of the Solushin medical device and Program Manager of INCUBATE. You can contact him via **ben@solushin.com** or on LinkedIn.

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